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ABSTRACT

Retirement is a major issue facing the older American man. Nct only must he give up his work, a source of identity and self-esteem, the retiree must also face new relationships with his spouse, children, and peers: and he must learn to use leisure time appropriately. Widowerhood is a seccnd major issue. Aside from deep emotional loss, the widower must contend with new, normally-feminine roles cf homemaking for which he is ill-prepared. Attention from other women may be threatening and difficult to handle. Diseases and disabilities are other threats to a man's sense of invulnerability. Difficulty accepting the sick role may prevent older men from using needed health facilities. Lack of defined role and the failure to find appropriate informal roles are additional major issues. Finally, sexuality and the changes that occur with age often present problems. The man who has become more andrcgynous throughout his life may be better able tc adapt to the various role changes as he ages. It is the role of the therapist to maximize interpersonal and intrapsychic growth that may occur during crises in aging. (NRB)

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PSYCHOSOCIAL CRISES OF OLDER MEN

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In recent years, the plight of the elderly in American society has come under increasing focus by practicioners of social policy and health care and applied researchers in the field of gerontology. This focus has included cross-sectional examination of the biological, psychological, and sociological dimensions of the aged as well as aging as a longitudinal process. At first, the elderly were considered a homogeneous group of individuals, defined by age with similar needs, attributes, and problems. Over time, however, it became clear that the elderly are heterogeneous and are comprised of many different groups with their own special characteristics. The Black elderly have different problems from the White elderly, the poor from the rich, the young-old from the old-old, and women from men. In particular, over the last five to ten years, attention has begun to be given to the older woman, especially the widow, and her adaptation to the special problems of older women.

In the last decade, there has also been a popularization of the developmental problems of pregeriatric individuals, the so-called "mid-life crisis." Research in this area has led several investigators, notably Gutmann and associates (1-2), Neugarten (3), and Datan (4) to examine mid-life issues. Popular books, such as those of Levinson, et al. (5), Gould (6), and Sheehy (7), have helped to further stimulate these investigations.

However, there has been only the most minimal of examinations of the special problems and needs of older men. These issues range from factors which have a direct effect on life expectancy of men to a multitude of disease states and psychosocial behaviors that have a bearing on the welfare of the older man in American society. These issues include retirement, health, widowerhood, and dependency, amongst others. This paper will examine many of these issues as they specifically relate to older men. I will discuss these issues within the framework of traditional masculine roles and emphasize the problems of the older man who has diffi-

JUL 21 1980

culty adapting to some of these special issues of aging men.

It has been frequently stated that the American older man becomes more androgynous or more feminized over time. It has been suggested by Gutmann and co-workers, (1-2, 8) and Keith and Brubaker (9) that masculine roles de-differentiate as men age. However, there are little, if any data, to support this contention. Nor are there any data to support the corollary contention that men remain unchangingly masculinized throughout the life cycle. That increased femininity in older men may be part of the societal stereotype of the elderly gains support from a study by Silverman (10), who found that college students were likely to rate men over 65 as feminine on the Masculine-Feminine Stereotype Scale developed by Broverman, et al. (11). Some of the data that men become more androgynous were reported by Keith and Brubaker (9), who reported that the outward behaviors of retired men include an increased amount of time spent around the house, helping with traditional feminine tasks, such as putting away clothing, clearing the table, cleaning, doing the laundry, and the like. However, these outward behaviors may be only an attempt to utilize additional free time rather than representing any actual change in the person's self-concept or chosen role. In a Rorschach study, Ames (12) noted that older men were more likely to see women in response to Cards III and VII than were younger men or women. This response is hypothesized to be indicative of a feminine identification in the respondent, and thus, may be some slight evidence supporting the hypothesis that men become more feminized as they age. Other studies (13-16), using the Thematic Apperception Test, found that men shifted toward perceived submissiveness and passive mastery over the environment.

However, Foley and Murphy (17) found that older men saw themselves as more warm and expressive than younger men, but otherwise adhered to a self-perception

of the traditional masculine role. They noted that older men were less concerned, however, about maintaining the appearances of masculinity, a finding supported by Costa and McRae (18). Jackson (19) found that older men felt that they had lost many of the trappings of the masculine role, such as physical prowess and work and breadwinner roles, but without a concomitant gain in adoption of feminine roles; however, her sample consisted of residents of adult "rest homes" who may have been deprived of a chance to develop feminine roles.

It is clear that more research is needed to elucidate any changes in gender role behavior in the aging American man. My own hypothesis is that gender role behavior does not change throughout life unless there is a conscious effort made to do so, and that older men are as masculine in their self-concept as they were when they were younger. Some of their outward behaviors may change but for reasons other than a change in gender roles. Rather, they represent a shift from institutionalized roles to informal roles or occasionally tenuous roles (20-21) to maintain relatively comfortable interaction patterns with individuals with whom they are intimate and with society at large, to maintain the older person's status within his immediate community and family, and to protect against rolelessness, anomie, alienation, boredom and psychopathology.

SPECIAL PROBLEMS OF OLDER MEN

One of the primary issues facing the older man in American society is that of retirement. The effects of retirement on the older man vary depending upon the nature of the bond to work, the importance of work and breadwinner roles to the individual, the voluntariness of the retirement, and the depth of economic and psychological preparation for retirement (22). Social class also plays a role in choice of and adjustment to retirement, as blue collar workers are more likely to welcome

retirement than are white collar workers. In turn, white collar workers are more likely to welcome retirement than are professionals. Indeed, blue collar workers frequently ask for an early retirement as it helps them get away from boring, repetitive work that has been non-stimulating for an extended period of time (23). Retirement is less likely to cause psychological difficulties for the man who chooses retirement and has made adequate provision for financial, physical, and emotional health during the retirement years. These men have developed interests and activities that are meaningful to them and serve as multivariate sources of pleasure and meaning in their retirement years. Good health and adequate income, important concomitants of life satisfaction (24), allow these men to enjoy their meaningful pursuits.

However, men currently entering their 60's and 70's have been brought up with a heavy inculcation of the American Protestant work ethic. As I have previously noted (21), the work role is a major source of man's identity, for men define themselves and their status in society by their level and sophistication of productivity. The occupational role is intimately associated with the breadwinner role and a need to be the sole provider for the financial health and welfare of the family (25) as well as the man's insatiable pursuit of success; this makes the activities of work all the more important. In addition, many men's social contacts involve the work arena, and although these contacts have a certain structure that inhibits the development of intimacy between men, they may be the most supportive and intimate relationships with other men (and perhaps women) that the retiring man has. Thus, retirement may lead to an aura of uselessness and rolelessness which may be a harbinger of future psychopathology. The retiree loses contact with most of his social network and loses status in the eyes of society (and frequently his peers and family). Diminished income leads to real problems.

And the retired man loses a major, if not the major, source of identity and self-esteem he has.

The older man who has given up work roles also has to face new issues of intimacy with his spouse as well as with his peers and children in a way that he never had to deal with before. He is suddenly home with his wife seven days a week, 24 hours a day. He has more time to spend with friends, children, grandchildren, and frequently, parents. If relationships are not to become boring and stultifying, the man must risk further intimacy with these people, a risk that involves developing new patterns of interpersonal behavior and willingness to become vulnerable in the eyes of others. These are changes that are extremely threatening to many men.

The use of leisure time also becomes a major issue. Appropriate use of leisure time demands the ability to relax, something difficult for a man who has spent a lifetime involved with work. The more emotionally involved with work the individual has become, the more difficult it is to change a behavior pattern that emphasizes activity, aggression, and competition. It is not uncommon for men with the Type A personality to suffer a myocardial infarction following retirement, rather than while in the work arena.

The loss of role and the inability to find substitute roles that reinforce one's sense of masculinity as defined by society leads to a sense of diminished mastery over the environment and a subsequent sense of helplessness, two of the major dynamic factors in the development of depression in the elderly (26-27). The loss of identity becomes both a narcissistic injury and an existential loss, which also contributes to the development of depression. The stress of retirement also frequently unmasks other neurotic conflicts and symptoms.

A second major issue for the older man is widowerhood. Widowerhood, although

less common than widowhood, has been very poorly studied. Widowerhood throws the man into a major crisis over and above the emotional crisis and narcissistic loss that occurs with loss of a person with whom he may have been intimate with for over 50 years. The widower having been socialized in the dimension of masculinity called "No Sissy Stuff" (21, 28), must now adopt new feminine role behaviors. For example, he must do the laundry, cook, shop, and clean the house, roles for which he has been both psychologically and behaviorally ill-prepared. The loss of spouse makes great demands on the affective interchange of the older man who may be called upon to cry and grieve, to be expressive, and to share feelings that he may not even know how to label.

Because of the sex differential in survival, the widower may suddenly find himself the object of attention by many other women. This leads to interpersonal strains that he may be ill-equipped for, as he may not have related in an intimate way with other women for over 50 years. There may be actual sexual demands or he may fear sexual demands, which may lead to secondary problems, such as social withdrawal or sexual dysfunctions; these may be felt to reflect negatively upon his masculinity. As men are ambivalently dependent upon a mothering figure, the sudden thrust into widowerhood, a situation without such a figure, leads to ambivalent expressions of dependency needs, often in the form of psychopathological syndromes such as alcoholism, depression, or hypochondriasis. The overwhelming nature of these various tasks, never before encountered by the man at a time of crisis, coupled with demands that he be "unmasculine," may lead to a prevailing sense of helplessness, or even frank depression in older men.

The many diseases that the elderly face and their associated disabilities are a threat to the man's sense of invulnerability. This is the third problem that is special to older men, as the elderly become acutely and chronically ill

more frequently than do younger persons. These diseases may be caused in part by the lifestyle of men (21, 29-31) and may force men to question their role behaviors, which is extremely threatening. These and other diseases may lead to a chronic loss of functioning and may drastically change men's lifestyle. For example, amputation for circulatory difficulties may make a man wheelchair-bound with subsequent increases in real dependency that may be defended against. The presence of chronic aches and pains may be a constant reminder of a threat to the older man's invulnerability and may lead to inappropriate expression of anger. The threat to invulnerability from all diseases may lead to a counterphobic refusal to follow through with medical procedures of either a diagnostic or therapeutic nature.

Two particular devastating diseases affecting older men are Alzheimer's Disease and multi-infarct dementia. Dementia is a syndrome that affects two percent of the population age 65 and 20% age 80 (32); although it has equal prevalence in both sexes, it is twice as common in men aged 65-70 than in women that age. Its major effect on men is the effect on the person's sense of mastery. The progressive memory loss, disorientation, apraxias, aphasias, agnosias, and inability to function as well as in the premorbid state may be particularly frustrating for the man who sees himself as active, competent, invulnerable, and omnipotent. The difficulty coping with these symptoms becomes manifested in secondary depression or behavioral disturbances.

Older men are less likely to use health facilities than older women (31). This may not be because they are less ill but because they are less willing to admit that they may have an illness. In part, this is because of the difficulty men have accepting the sick role. The sick role has several dimensions which run directly counter the traditional masculine role. The sick role means that the

man must give up power and control and adopt dependency-inducing behavior (32-34). The sick role may lead to helplessness and subsequent demoralization (35-36). The sick role involves passivity and a willingness to express discomfort and pain. All these are particularly difficult for men to do.

The fourth issue, very intimately related to the previous three, is that of rolelessness. As the older man gives up institutionalized roles, roles defined by clear behavioral expectations and defined status, he must adopt informal or tenuous roles or lapse into a state of rolelessness. Tenuous roles may be clearly deviant, and although they give some secondary gain to the individual, they do so at major interpersonal cost (20). Other tenuous roles (e.g., honorific titles such as Chairman Emeritus of the Board), may lead to certain status-associated behaviors in certain arenas, but the true hollowness of such situations may be evident to the man who then sees himself as useless. Informal roles, such as "kibbitzer" or "neighborhood chauffeur" require assent on the part of others in the environment for the individual to take on these roles, for the behaviors are defined by the informal social systems and the primary groups with which the individual interacts. Many informal roles may mean taking on various feminine role behaviors, for they may mean being expressive or being put more into the company of other men in a way that may increase intimacy with them. However, many men fail to adopt meaningful, self-perpetuating informal roles and fall into a state of rolelessness.

I have suggested that rolelessness is a cause of psychopathology through the intervention of stereotyping the older person, the power differential in society at large, a psychological contingency set that leads to helplessness, and the development of alienation (27, 35-36). The type of roles dictated by society make it very clear to the older individual that the stereotype of uselessness

holds true, and they are indeed useless members of society. Rolelessness leads to feelings of alienation and anomie, both of which have been associated with depressive symptomatology (37-40). A loss of self-esteem accompanies the self-blame that occurs with the acceptance of the stereotype, another important dynamic factor in the development of depressive symptomatology (37-38, 41). Furthermore, rolelessness directly leads to a sense of helplessness through a loss of control of one's life, which is then further reinforced by the stereotypes that society has for the older individuals. This loss of social role also becomes a major narcissistic injury that stimulates major feelings of loss, subsequent mourning, and depression.

The sexuality of older men, the fifth issue, has been studied in depth from the physiologic point of view. Masters and Johnson (42) have clearly noted that sexual potency remains present throughout life and that older men are capable of continued sexual activity. Approximately 16% of men over age 65 label themselves as "very sexually active" (43) and about 70% of 68 year old men have regular sexual activity (44). There are some physiologic changes that occur with age (42), but many older men make use of these changes in sexual functioning in a positive way. For example, the diminished ejaculatory urge may lead to an increased emphasis on pleasuring the partner as well as the ability to relax and enjoy the sensuality of the sexual encounter. There is less of a pressure to perform, so impotence and premature ejaculation may reverse themselves. Aging brings a wider variety of sexual experience so that the older man may be more conversant with multiple positions and techniques necessary for both self-pleasure as well as partner-pleasure.

On the other hand, the older man who has placed heavy emphasis on the external manifestations of his sexuality may have difficulty adapting to these aging changes. The older man who is unwilling or unknowledgable in the changes in his sexuality

may become anxious over the loss of extremely hard erection. This may lead to secondary impotence or premature ejaculation because of a need to perform (45). The physical changes may lead to satyrism or Don Juanism in an attempt to recreate a sexuality stereotypically associated with youth, which also increases performance anxiety and is therefore more likely to lead to further problems with sexual performance.

The older man may also have various physical disorders that may interfere with sexuality. Cardiovascular or pulmonary disease may cut down on the ability to sustain performance. Peripheral arteriosclerotic disease may cause Leriche's Syndrome and an associated organic impotence (46-47). A similar problem may be secondary to diabetes or hypertension. Many drugs, such as psychopharmaceutical agents or antihypertensives may cause difficulty in sexual performance. Prostate or bladder surgery may lead to retrograde ejaculation, which without proper education of the man may lead to panic.

Another problem with the sexuality of older men is the belief that many older men have that once procreation is done, men should not be sexually active, a belief frequently supported by the spouse. This belief is further reinforced by the societal stereotype of the older person as asexual (48-50). This may lead to ambivalence with subsequent guilt or inappropriate behaviors when sexual urges develop.

CONCLUSION

Androgyny has been reported to be associated with increased adaptability and flexibility in younger men and women (51) and in old women (52-53). Although there are no data for older men or longitudinal data throughout the life span of men, it is reasonable to hypothesize that the man who has become more androgynous throughout the life span will be able to adapt to the various changes in role as

he ages. For example, when faced with lack of work, the successfully aging older man will find another meaningful outlet in order to express himself. As noted above, some of the changes in sexuality noted above may be used as a positive experience rather than a negative one. Widowerhood may become a time to renew relationships and learn, perhaps for the first time, how to become intimate with both men and women. It may also be a time to take on the challenge of new role behaviors. Indeed, any of the changes in old age may be a crisis, but crises may be a splendid time for interpersonal and intrapsychic growth. Our role, as therapists, is to maximize that growth.

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